

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Jim Bock		
Street Address		1000 MARIANNA AVE		
City	State	Zip Code		
ERIE	PA	16509		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
11/07/2017		2017		<input type="checkbox"/>		<input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/28/2017	12/31/2017	
A. Amount Brought Forward From Last Report	\$	-2283.99	2018 JAN 31 AM 11:47 NOTARIAL SEAL Tonia Willit, Notary Public City of Erie, Erie County My Commission Expires April 3, 2019 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,700.00	
C. Total Funds Available (Sum of Lines A and B)	\$	-583.99	
D. Total Expenditures (From Schedule III)	\$	0.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-583.99	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31st day of January 20 18
 Tonia Willit
 Signature

My Commission expires 4-3-19
 MO. DAY YR.

Signature of Person Submitting report
 JAMES S. BOCK
 Printed Name
 814 572-4209
 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

____ day of ____ 20____
 Signature

My Commission expires ____
 MO. DAY YR.

Signature of Candidate
 Printed Name
 Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
Total for the reporting period	(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	1,700.00
Total for the reporting period	(3)	\$ 1,700.00
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	1,700.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number									
Amount									
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State		Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number									
<div> <div>Full Name of Contributor</div> <div>N/A</div> <div>Date [MM/DD/YYYY]</div> <div>\$</div> </div>									
House #	Street Address			Date [MM/DD/YYYY]		\$			
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
<div> <div>Full Name of Contributor</div> <div></div> <div>Date [MM/DD/YYYY]</div> <div>\$</div> </div>									
House #	Street Address			Date [MM/DD/YYYY]		\$			
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
<div> <div>Full Name of Contributor</div> <div></div> <div>Date [MM/DD/YYYY]</div> <div>\$</div> </div>									
House #	Street Address			Date [MM/DD/YYYY]		\$			
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
<div> <div>Full Name of Contributor</div> <div></div> <div>Date [MM/DD/YYYY]</div> <div>\$</div> </div>									
House #	Street Address			Date [MM/DD/YYYY]		\$			
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
<div> <div>Full Name of Contributor</div> <div></div> <div>Date [MM/DD/YYYY]</div> <div>\$</div> </div>									
House #	Street Address			Date [MM/DD/YYYY]		\$			
City	State			Zip Code	Date [MM/DD/YYYY]		\$		
<div> <div>Full Name of Contributor</div> <div></div> <div>Date [MM/DD/YYYY]</div> <div>\$</div> </div>									
House #	Street Address			Date [MM/DD/YYYY]		\$			
City	State			Zip Code	Date [MM/DD/YYYY]		\$		

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number					
<div> <div>Full Name of Contributing Committee</div> <div>N/A</div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>					
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
<div> <div>Full Name of Contributing Committee</div> <div></div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>					
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
<div> <div>Full Name of Contributing Committee</div> <div></div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>					
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
<div> <div>Full Name of Contributing Committee</div> <div></div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>					
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
<div> <div>Full Name of Contributing Committee</div> <div></div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>					
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
<div> <div>Full Name of Contributing Committee</div> <div></div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>					
House #	Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	
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Full Name of Contributor		Date (MM/DD/YYYY)		\$
COMMITTEE TO ELECT JIM BOCK		12/26/2017		1,700.00
House #	Street Address	Date (MM/DD/YYYY)		\$
1000	MARIANNA AVE			
City	State	Zip Code	Date (MM/DD/YYYY)	\$
ERIE	PA	16509		
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date (MM/DD/YYYY)		\$
House #	Street Address	Date (MM/DD/YYYY)		\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date (MM/DD/YYYY)		\$
House #	Street Address	Date (MM/DD/YYYY)		\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date (MM/DD/YYYY)		\$
House #	Street Address	Date (MM/DD/YYYY)		\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
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Full Name					
House #		Street Address	N/A		
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

**SCHEDULE II
PART F**

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Identification Number:	
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Full Name of Contributor	N/A				Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

File Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
N/A						
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number	
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1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$ 0

3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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SCHEDULE III
Statement of Expenditures

Filer Identification Number	
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To Whom Paid	N/A				Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City			State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City			State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City			State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City			State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City			State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City			State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City			State	Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	<i>N/A</i>	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip	Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip	Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip	Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip	Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip	Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip	Code		
Description of Debt						